



Spiritualist Church of Canada

Member, Minister, and Church Membership Renewal

Name: _____

Address: _____

City/PR/PC: _____

Tel/Fax: _____ Email: _____

Pursuant to Section 39(1) of the <i>Freedom of Information and Protection of Privacy Act</i> , by checking this form you are authorizing the Spiritualist Church of Canada to publish your name and other information as required.	<input type="checkbox"/>
Check here to receive emails from the Spiritualist Church of Canada for further correspondences	<input type="checkbox"/>

Signature _____

S.C.C. Approved: _____

Signature of President

Date

Annual Membership Fees (due January 1st)

Individual \$15.00

Individual - Senior \$ 7.00

Church \$25.00

Accredited \$25.00 | Healer | Lecturer | Clairvoyant

(please check)

Accredited - Senior \$20.00 | Healer | Lecturer | Clairvoyant (please check)

Minister (S.C.C. ordained) \$50.00

Minister - Senior (S.C.C. ordained) \$40.00

Remittance Enclosed: \$ _____ For the year ending _____

